

the implant as suggested by the authors is probably unnecessary.

ORNA GEYER  
MOSHE LAZAR  
Department of Ophthalmology,  
Ichilov Hospital,  
Tel Aviv University Medical School,  
Tel Aviv, 64239, Israel

- 1 Dawidek GMB, Kinsella FM, Pyott A, Hughes DS, Kyle PM, Lane CM. Delayed ciliochoroidal detachment following intraocular lens implantation. *Br J Ophthalmol* 1991; 75: 572-4.
- 2 Geyer O, Godel V, Lazar M. Hypotony as a late complication of extracapsular cataract extraction. *Am J Ophthalmol* 1983; 96: 112-3.
- 3 Magruder GB, Harbin TS. Ciliochoroidal detachment associated with stretched ciliary processes. *Am J Ophthalmol* 1989; 106: 357-8.

### Reply

SIR,—We wish to thank Geyer and Lazar for kindly pointing out a further possible cause of late ciliochoroidal detachment following extracapsular cataract extraction. In their case and that reported by Magruder and Harbin a peripheral iridectomy was performed which allowed subsequent visualisation of the ciliary processes in that area. With our three cases, although the posterior capsules were all intact, none had a peripheral iridectomy. It was not possible, therefore, to see if ciliary process traction were present. However, the posterior capsule was flaccid, and this suggests that traction was not significant. Furthermore, our three cases all responded briskly to high dose oral steroids. Neither oral nor topical steroids could be expected to relieve ciliary process traction. The resolution of the ciliochoroidal detachment in all three cases following drug treatment strongly suggests that persisting ocular inflammation and altered permeability of the blood aqueous barrier were present. These could be due to ciliary sulcus fixation of the implant. Although posterior capsulotomy cured the ciliochoroidal detachment in the two cases described in the above letter, it is worth considering that capsulotomy itself may be complicated by cystoid macular oedema and retinal detachment.

CAROL LANE  
GMB DAWIDEK  
Department of Ophthalmology,  
University Hospital of Wales,  
Heath Park,  
Cardiff CF4 4XW.

### Optic foramina radiography – a redundant investigation?

SIR,—The paper by Kincaid and Dutton<sup>1</sup> illustrates an example of medical practices which are passed on, almost anecdotally, for many years without there being any hard evidence to support them.<sup>2</sup> Undoubtedly optic foramen views can show evidence of glioma, meningioma, etc where these exist but to conclude that they are therefore worth doing routinely is illogical.

A fair proportion of medical practice can be shown to be based on unsound logic. Another example is Professor Eddys' discovery that the established treatment of glaucoma had been passed down through the generations since 1906 without any controlled trials ever being done to support it.

The authors are to be congratulated on pointing out the inefficiency of routine optic foramen views and on the consequent saving of resources and the reduction in radiation dose to future patients.

F STUBBS  
Department of Biomedical Science,  
Sheffield University,  
Sheffield

- 1 Kincaid, W, Dutton GN. Optic foramina radiography – a redundant investigation? *Br J Ophthalmol* 1991; 75: 665-6.
- 2 Smith R. Where is the wisdom...? The poverty of medical evidence. *BMJ* 1991; 303: 798-9.

### Installing a database for the retrieval of fluorescein angiograms

SIR,—We have developed a computerised database filing system for the storage and retrieval of fluorescein angiogram records. This was achieved by harnessing a novel coding and classification system to a frequently used database program. The system was devised to replace the manual punch card filing system for fluorescein angiograms 7 years ago. It was originally written for an Apricot Personal Computer, using the dBase II software package and has now been modified to run on an IBM 386 compatible hard disc computer running dBase 3+, but it remains downwardly compatible with all MSDOS computers. The use of current classification systems<sup>1-3</sup> was entertained but rejected because of lack of detail. Fortunately this allowed us to structure the database according to our specific requirements, which included:

- (1) A new four-section request and report form.
- (2) A new coding structure to meet the future research and data retrieval requirements.
- (3) Computerised storage of patient and consultant details.
- (4) A user-friendly system allowing data access without prior computer knowledge, rapid and simple data entry.

(5) A multiple layer data security system.

The request and report form was drawn up (Fig 1) to ascertain the indications and special features to be assessed with angiography. It has the additional benefit of allowing the doctor to write the report without the need to refer back to the patient's records. Specific photographic problems and details are recorded, and the report is summarised and coded for computer data entry. After the angiogram is entered into the database the form is then stored with the angiogram for security.

The success of a database is ultimately dependent on its ease of use. The tedious and time-consuming parts of database use are data input, and a system had to be developed which matched this task with the training and motivation of the staff available. The two fundamental questions to be answered were whether or not to code and how much information to record.<sup>4,5</sup> Coding is helpful in that it eliminates the problems caused by synonyms in medical terminology. This saves time, because a non-coded system requires to be extensively validated at the time of data entry. Coding has the further advantage of enabling data to be easily classified. Each digit is used in a hierarchical fashion in which the first digit describes the general entity, while each succeeding digit specifies greater detail. We decided to limit the codes to diagnosis only rather than break down the data into further detail. This uniaxial approach would satisfy the requirements of simplifying data input and note retrieval, but would preclude a more detailed analysis on the basis of data contained in the

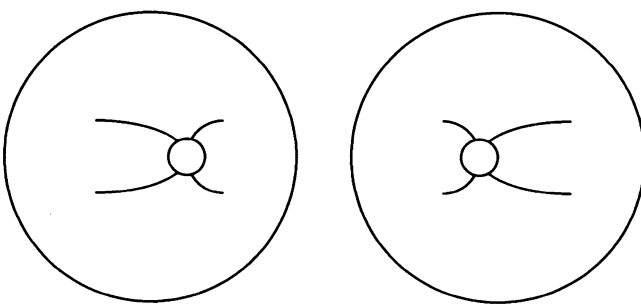
FLUORESCIN ANGIOGRAPHY			
Please return to the Photographic department			
Referral Details			
Surname	First name	Hospital	
Address		Hospital number	
Telephone No		Age	
Date of FFA		Consultant	
		Time	
Please would referring doctor fill out ALL FOUR parts of this section			
1			
Diagnosis .....			
.....			
		please indicate areas of special interest	
2 Fluorescein initial run on:		Right	Left
3 Next out-patient appointment			BP
4 Signed			Circle only
			Diabetic
To be completed at FFA			
Right Vision		Left Vision	
Complications			
Previous Fluorescein:		Yes	No
Photographic No			
Report			
Diagnosis .....			
.....			
Code Right 1	Code Left 1	Suppl Code	
Code Right 2	Code Left 2	Signed	

Figure 1 Form used for requesting and reporting on fluorescein angiograms.



## Optic foraminal radiography – a redundant investigation?

F Stubbs

*Br J Ophthalmol* 1992 76: 318  
doi: 10.1136/bjo.76.5.318

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